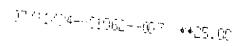
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(Requestor's Name)
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•L. BROWN •

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## **COVER LETTER**

Registration Section Division of Corporations

TO:

	ABINETS SHOP GENERAL	CABENTRI LLC	
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	••
	Frantz Jean-Louis		. ; 11; 2;;
		Name of Person	-
	LE CAP CABINETS SHO	DP GENERAL CABENTRI	::
	<u>-</u>	Firm/Company	
	6720 Arbor Drive Unit 20	8	05
	··	Address	
	Miramar, Florida 33023		
	_	City/State and Zip Code	•
	fantaysiacp@gmail.com		
	E-mail address: (	to be used for future annual report noti	fication)
For further information of	concerning this matter, please c	all:	
Frantz Jean-Louis		954 638-4176 at ( )	
Name of Person			e Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration : Division of C P.O. Box 632	Section Corporations 27	Street Address: Registration Se Division of Cor The Centre of T	porations allahassee
Tallahassee.	1 1. 32314	Z410 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

and assigned
and assigned
LLC" or the abbreviation "L.L.C."
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<del></del>

## New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AP	Fantaysia Polanco	6720 Arbor Drive Unit 208	
		Miramar, Florida 33023	Remove
			Change
MGR F	Frantz Jean-Louis	6720 Arbor Drive Unit 208	
		Miramar, Florida 33023	□Remove
			☐ ☐ ☐ Change ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
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ective date i	f other than th	se date of fili	ng.			(optio	nal)	
effective date i	s listed, the date m	ust be specific a	ınd cannot be p			n 90 days after f	iling.) Pursu	
	inserted in this tive date on the				ory tuing requ	irements, this	date will no	ot be listed a
	a delayed effect	ive date, but n	ot an effectiv	e time, at 12:	01 a.m. on the	earlier of: (b)	The 90th	day after the
s filed.								
July 2		•	2024					
	, (	7	<u>,                                     </u>	<u>,                                     </u>				
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Typed or printed name of signee